

UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Christopher Alsop
Plaintiff

FILED
SCRANTON

DEC 15 2017

v.

Federal Bureau of Prisons, et al
Defendant

PER

AMO
DEPUTY CLERK

Case No:

3:17cv2307

BIVENS COMPLAINT

Comes now Christopher Alsop, pro' se plaintiff, and for his Complaint pursuant to Bivens, seeking injunctive relief for his medical issues, as follows:

1. The plaintiff is a federal inmate currently housed at Allenwood Low Security Correctional Institution in White Deer, PA, and who is legally deaf.
2. The defendants are the Federal Bureau of Prisons (BOP) and various unknown John Doe and Jane Doe defendants whose identity will be provided to the Court through discovery.
3. The Court has jurisdiction over this matter under 28 USC 1331.
4. The complaint alleges deliberate indifference to the plaintiff's medical needs under the 8th Amendment to the United States Constitution.
5. The complaint is being made pursuant to Bivens v. Six Unknown Agents of Federal Bureau of Narcotics, 403 US 388, 91 S.Ct. 1999 29 L.Ed. 2d 619 (1971).

FACTS

6. The plaintiff has had varicose veins in his legs since 2005-2006. He is in constant pain when he walks; the plaintiff's varicose veins have grown worse since 2006. (See attached pictures)
7. On October 5, 2015, the plaintiff filed an Administrative Remedy (See attached) in an attempt to formally resolve the issue with the BOP as allowed under BOP procedures. The plaintiff sought to have the BOP close his valves and strip the affected veins because his blood is leaking outside

of his valves and moving in two directions. The blood that is pooling in the plaintiff's legs can lead to a variety of health problems including trophic ulcers, infections and blood clot formation if not treated. It is an accepted medical fact that varicose veins respond well to treatment by surgery. On October 11, 2017, the plaintiff went to the LSCI Allenwood Health Services and advised Leonard Daniel, MD, that his legs are losing strength which had caused the plaintiff to fall three different times. On November 6, 2017, the plaintiff lost the strength in his right leg and collapsed during the evening meal in the Allenwood Low Dining Hall, and had to be carried out by medical staff. During this incident, the plaintiff came into violent contact with the floor of the Dining Hall and felt immediate pain in his feet, ankle, arms and head. The plaintiff was transferred to Allenwood's health care facility by the institution's emergency vehicle.

VISIT TO VASCULAR SURGEON SPECIALIST

8. Several times while in the custody of the BOP the plaintiff has been seen by a vascular surgeon specialist about his varicose veins, and each time the surgeon has recommended that the plaintiff have his veins stripped and his valves closed to stop the blood from leaking outside of his valves. On January 15, 2015, the plaintiff was seen by Clinical Radiology in Oklahoma. On November 9, 2015, the plaintiff was seen by PCC Surgery in Fort Worth, Texas. On or about February 1, 2016, the plaintiff was seen by the Vascular and Vein Center in Fort Worth, Texas and the plaintiff provided Ramesh Paladugu, MD, recommended vein stripping. (See Ramesh Paladugu's report, page 4, attached hereto) On January 17, 2017, the plaintiff was seen by Susquehanna Health of Willimspport, PA and there the vascular surgeon specialist, J. Franklin Oaks, Jr. recommended vein stripping in his report.

In his report, Dr. Oaks stated "Alsop has failed conservative therapy and I would recommend a radio frequency ablation of bilateral greater saphenous veins. Dr. Oaks reviewed in detail both surgery and a post op plan of care within 24 hours of surgery when the plaintiff could return to

all activities without restriction. Pictures were taken. (See attached report) Based on the a foregoing recommendations from medical specialists, the BOP Regional Director's decision denying plaintiff's required medical treatment is a deliberate indifference under the Eighth Amendment. The BOP and the BOP employees named herein have been made aware of an excessive risk to Alsop's health and safety, and knowing that excessive risk have chosen willfully to disregard it. This conduct is per se instance of deliberate indifference to the Eighth Amendment where the BOP is refusing critical medical care for a citizen they have held in custody since 1998.

ADMINISTRATIVE REMEDY PROCESS

9. Plaintiff was incarcerated at Fort Worth Medical Center and his treating physician, Dr. A. Baruti, sent information to the BOP Region, recommending that the plaintiff receive surgery or treatment from a vascular surgeon specialist to repair his vascular veins. Region denied this recommendation. On January 13, 2016, the plaintiff filed an Administrative Remedy (BP-229) to the Warden in Fort Worth, Texas. On March 24, 2016, the plaintiff filed an Administrative Remedy (BP-230) to the BOP Regional Director and on July 7, 2016, the plaintiff filed and Administrative Remedy (BP-231) to the BOP's General Counsel at the BOP's Main Office in Washington, DC, completing the exhaustion of the Administrative Remedy process as required under the Prison Litigation Reform Act (PLRA). (See attached) Since then no further remote care has been provided to the plaintiff to relieve his very painful varicose veins and his ankle which also swells like a balloon as a collateral effect, with the exception of compression stockings which aren't very effective at reducing the pain and discomfort.

DELIBERATE INDIFFERENCE

10. Under the Eighth Amendment a prisoner has the right to be free from cruel and unusual punishment and deliberate indifference by prison officials to a prisoner's serious medical needs.

The delay or denial of such medical care is considered to be a denial of this Eighth Amendment right. To demonstrate a claim of deliberate indifference under the Eighth Amendment a prisoner must show that:

- a) The defendant was deliberately indifferent to his or her medical needs.
- b) That those needs were serious. (See Rouse v. Plantier, 182 F.3d 192, 197 (3d Cir 1999))

Deliberate Indifferent has been found where a prison official:

- a) Knows of a prisoner's need for medical treatment but intentionally refuses to provide it
- b) Delays necessary medical treatment based on a non-medical reason
- c) Prevents a prisoner from receiving needed or recommended treatment (Rouse, 182 F.3d at 197)

The defendants were deliberately indifferent to the plaintiff's serious medical needs (the treatment of his varicose veins) because of no significant level of care besides the compression stockings have been provided to the plaintiff, the defendants have clear knowledge of the plaintiff's serious condition and need for treatment but having decided to willfully ignore the plaintiff's needs. (See Estelle v. Gamble, 429 US 97, 104 (1976)). Deliberate indifference is manifest where prison authorities deny reasonable requests for medical treatment and such denial exposes the inmate to undue suffering or the threat of tangible residual injury. (See Farmer v. Brennan, 511 US 825, 837-38 (1994)).

SERIOUS MEDICAL NEED

11. When the plaintiff walks his feet and lower extremities are in serious pain. The plaintiff has fully lost his strength in his legs several times as a result of this condition which has caused him to fall violently to the ground while trying to walk. Is the BOP waiting for the plaintiff to fall to the ground and break his neck before they take any action to provide this critically needed medical care for him? (See Gutierrez v. Peters, 111 F.3d 1364 (7th Cir 1997)). (Recognizing a serious

medical need "where the condition significantly affects an individual's daily activities" and features chronic or substantial pain. The plaintiff cannot use his legs to exercise without experiencing extreme pain, nor can he run or play sports to get his needed exercise. The plaintiff has had high cholesterol for five years and must exercise to keep his cholesterol level down. High cholesterol levels can lead to heart disease. The defendant's denial of this needed medical care is also precluding the plaintiff from participating in various BOP prison programs which also violates the plaintiff's rights under the American with Disabilities Act, 42 USC 1210. On October 11, 2017, the plaintiff asked Leonard Daniel, MD, at LSCI Health Service, to supply him with a cane since he has fallen a number of times due to his untreated condition, but Mr. Daniel denied the plaintiff's very reasonable request. Also, the vascular surgeon specialist recommended that the plaintiff receive medication for the pain in his foot and ankle but the BOP has also refused to provide the plaintiff that medication for the pain. See J. Franklin Oaks, Jr. Recommendation Report dated January 11, 2017 (Report attached) recommending Acetaminophen 325mg capsule, Calcium Polycarbophyl 625mg capsule, Docusate Sodium 100mg capsule and Ibuprofen 800mg tablet. Not only did the BOP and the defendants ignore the prior recommendation of the vascular surgeon specialists to have the plaintiff's valves closed and his veins stripped, they have ignored the vascular surgeon's recommendation list provided to supply the plaintiff with pain medication to alleviate the pain being caused by not having his condition treated. Without the pain medication, the plaintiff is being forced to suffer excruciating pain in violation of his right to be free from cruel and unusual punishment.

The plaintiff is suffering from varicose veins which is a serious medical condition because when his veins bulge or become twisted as they do when someone has varicose veins, blood flow through the veins can become sluggish or slow and this can cause superficial blood clots known as superficial thrombophlebitis. From this stage there is a great risk that a DVP (deep vein

thrombosis) might occur. DVT can lead to major health problems and in some cases be fatal. The lack of proper treatment so far has now led the plaintiff to experience additional problems. For example, in 2006 the plaintiff only had pain in his lower right leg, but now he has pain in his lower left leg also. The plaintiff believes that the lack of treatment of his varicose veins may lead to deep vein thrombosis (DVT) because of the BOP's denial of medical care and its failure to follow the vascular surgeon's recommendations to provide surgery to stop the blood from pooling into his legs. This very critical surgery needs to be given to the plaintiff so that he is not subjected to further falls and injuries as he has attested to in his complaint.¹ (See Ramos v. Lamm, 639 F.2d 559, 576 (10th Cir 1980) (*Holding medical needs are serious when they cause "continued and unnecessary pain and loss of teeth" resulting in delay in providing oral surgery.*) In this complaint, the plaintiff has demonstrated that the defendants are deliberately indifferent to the plaintiff's serious medical needs in violation of his rights under the Eight Amendment to the United States Constitution.

RELIEF SOUGHT

As relief the plaintiff seeks an injunction from this Honorable Court ordering the BOP to follow the vascular surgeon specialist, J. Franklin Oaks, Jr., from Susquehannah Health; Ramesh Paladugu from the Vascular and Veins Center; and the plaintiff's treating physician, Baruit A. from Fort Worth Medical Center, recommendation to repair the varicose veins on both of the plaintiff's legs via the appropriate surgical method.

¹ Plaintiff is having other circulation problems. When plaintiff lies down for one hour his blood stops flowing properly through his upper body which causes him chest pains, headaches, cramps and both his arms fall asleep.

CONCLUSION

WHEREFORE, based on the foregoing, the plaintiff prays that the United States District Court will order the BOP to repair the varicose veins in his legs, which if not repaired will result in further injury to the plaintiff whereby the plaintiff will be forced to file a subsequent suit for compensatory and punitive damages against the defendants.

Respectfully Submitted,

Date: 12-12-2017

Christopher Alsop
Christopher Alsop #03078-061
LSCI Allenwood
P.O. Box 1000
White Deer, PA 17887

UNT HEALTH

PATIENT SERVICES

Office Consult

June 23, 2015

Christopher Alsop 47 year old M (02/21/1968) Account #: 650000060066
 CARDIOLOGIST: Abdul M. Keyhani, MD

Rest# 03078-061

REASON FOR VISIT:

This 47 year old male presents for Freeform1.

HISTORY OF PRESENT ILLNESS:

1. Freeform1

Pt is here from jail for pre-op evaluation for vascular surgical intervention of his right leg varicose veins, he has severe swelling in his right leg despite wearing and PA stockings, he has no cardiac issues.

2. general

He has had no chest discomfort suggestive of ischemia. The patient denies orthopnea, PND, DOE, or edema. Mr. Alsop has not had palpitations, syncope or near syncope. Mr. Alsop describes pain in lower extremities at rest. The patient has no symptoms attributable to valvular heart disease.

REVIEW OF SYMPTOMS:

CONST - Negative for weight gain, weight loss, fever. EYES - Negative for visual changes. ENT - Positive for hearing loss. RESP - Negative for snoring, hemoptysis, dyspnea. CARD - Negative for chest pain, diaphoresis, orthopnea, palpitation, syncope, PND. VASC - Negative for claudication. Positive for edema. GI - Negative for nausea, reflux, bleeding. GU - Negative for hematuria, nocturia. REPROD - Negative for erectile dysfunction. ENDO - Negative for myalgia, goiter, tremors. NEURO - Negative for dizziness, memory loss, seizures. PSYCH - Negative for depression, hallucinations. DERM - Negative for erectile dysfunction, rash, skin sores. M/S - Negative for erectile dysfunction, joint pain, myalgia. HEMAT - Negative for acute anemia, thrombocytopenia.

VITAL SIGNS

HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%
8:35 AM	5.0	8.00	172.72	04/29/2014		

WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
8:35 AM	168.00		76.204			25.54	1.91

BLOOD PRESSURE

Alsop, Christopher 650000060066 02/21/1968 06/23/2015 08:20 AM Page: 1/3

CARD_docVisit_final

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
8:35 AM	118/82					

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
8:35 AM				55		16

MEASURED BY

Time: 8:35 AM
 Measured by: Abdul M. Keyhani, MD, RPVI

SLEEPINESS SCORE:

PHYSICAL EXAM:

Exam	Findings	Details
Const	Neg	Level of Distress - Awake / Alert. Nourishment - Well Nourished. Appearance - Well Developed.
Neck	Neg	Inspection - Normal. Palpation - Normal. Thyroid - No Masses. Neck ROM - Normal. JVP - Less Than 8.
Resp	Neg	Respirations - Nonlabored. Rales - Absent. Wheezes - Absent. Rhonchi - Absent.
Cardiac	Neg	Rhythm - Regular. Heart Sounds - S1 Normal, S2 Normal. Murmurs - None.
Cardiac	Pos	Palpation - PMI Not Palpable.
Vasc	Neg	Carotid - Bilateral Normal Pulse. Radial - Bilateral Normal Pulse. Posterior Tibial - Bilateral Normal Pulse. Dorsalis Pedis - Bilateral Normal Pulse.
EXT	Neg	Skin Temperature - Warm. Clubbing - Absent. Cyanosis - Absent. Upper Extremity Edema - Absent. Lower Extremity Edema - Absent.

IMPRESSION AND PLAN

01. Pre-op chest exam: Pt is here for pre-op clearance and evaluation of severe right leg varicose veins. He is low risk from cardiac stand point to undergo his surgery, as he is active without cardiac symptoms and his ECG shows only nonspecific STT changes in III and F.
02. Varicose veins of both lower extremities: We will obtain surgical consultation. He has severe swelling and discomfort.

ORDERS:

- Return office visit with ALBERT H YURVATI DO on Tuesday 06/23/2015.
- The patient was instructed on a low fat diet.
- The patient was instructed on a low sodium diet.
- Instructions given to the patient on a low carbohydrate diet.
- The importance of weight loss discussed with patient.
- The patient was given exercise guidelines.
- The patient was instructed on stress reduction.
- The importance of medication compliance was discussed with the patient.
- Return office visit with Abdul M Keyhani MD as needed.

Electronically signed by: Abdul M. Keyhani, MD, RPVI 06/23/2015 @ 8:44 AM

Document generated by: Abdul M. Keyhani, MD, RPVI 06/23/2015

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: ALSOP, CHRISTOPHER
Date of Birth: 02/21/1968
Scanned Date: 06/26/2015 14:25

Sex: M

Reg #: 03078-061
Race: BLACK
Facility: FTW

Reviewed by Baruti, A. MD on 07/09/2015 15:56.

UNT HEALTH

PATIENT SERVICES

Patient: Christopher Alsop
 Date of Birth: 02/21/1968
 Age/Sex: 47/Male
 Date: November 9, 2015
 Historian: inmate
 Visit Type: Office Visit
 Provider: ALBERT H. YURVATI DO

Res # 03078-061

This 47 year old male presents for painful varicose veins and Venous Dz.

History of Present Illness:

1. painful varicose veins
2. Venous Dz

The patient presents with varicose veins. The symptoms are located in the right ankle and rle. The patient's CEAP classification is 4 - Skin pigmentation in the gaiter area. The etiology of the patient's venous disease is secondary. The venous disease is in the superficial veins. The patient's venous pathophysiology is reflux and obstruction. The patient complains of aching/pain of extremity, adverse affects of ADLs, fatigue, skin discoloration and swelling. The patient has been treated with the following blood thinners: aspirin. The symptoms worsen with prolonged standing. The symptoms are relieved by none. The patient has the following risk factors for venous disease: history of phlebitis.

Nursing Comments:

Intake Comments: Pt (BILATERAL HEARING LOSS / READS LIPS) here with prison guard. Pt states he has varicose veins on the right leg and they swelling up. Duration approx: 8 years. Pt states when he walks for a long time they start to hurt. Pt sates he does elevate his legs but just simply staying off it the pain goes away. No other complaints as of today. JMathis,MA

Problem List:

Problem Description	Onset Date	Chronic	Notes
Varicose veins of lower extremity with pain	11/09/2015		

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	comment2
stomach surgery-	20 years ago			JLM 11/09/2015 -

Family History (Detailed)

SOCIAL HISTORY (Detailed)

Tobacco use reviewed.

The patient does not need an interpreter.

Medication Reconciliation

Medications reconciled today.

Medication Reviewed

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	atorvastatin 20 mg tablet	take 1 tablet by oral route every day	Y	Verified

Allergies:

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

REVIEW OF SYSTEMS

System	Neg/Pos	Details
Cardio	Positive	Edema, R leg pain.
Constitutional	Negative	Chills, fatigue, fever, malaise, night sweats, weight gain and weight loss.
Allergic/Immuno	Negative	Contact allergy, environmental allergies, food allergies and seasonal allergies.
Cardio	Negative	Chest pain, claudication and irregular heartbeat/palpitations.
Neuro	Negative	Dizziness, extremity weakness, gait disturbance, headache, memory impairment, numbness in extremity, seizures and tremors.
Integumentary	Negative	Brittle hair, brittle nails, change in shape/size of mole(s), hair loss, hirsutism, hives, pruritus, rash and skin lesion.
Hema/Lymph	Negative	Easy bleeding, easy bruising and lymphadenopathy.
Eyes	Negative	Eye discharge, eye pain and vision changes.
ENMT	Negative	Ear drainage, hearing loss, nasal drainage, otalgia, sinus pressure and sore throat.
Psych	Negative	Anxiety, depression and insomnia.
Reproductive	Negative	Penile discharge and sexual dysfunction.
GU	Negative	Dribbling, dysuria, erectile dysfunction, hematuria, polyuria, slow stream, urinary frequency, urinary incontinence and urinary retention.
GI	Negative	Abdominal pain, blood in stool, change in stool pattern, constipation, decreased appetite, diarrhea, heartburn, nausea and vomiting.
Respiratory	Negative	Chronic cough, cough, dyspnea, known TB exposure and wheezing.
MS	Negative	Back pain, joint pain, joint swelling, muscle weakness and neck pain.

VITAL SIGNS

HEIGHT	Time	ft	in	cm	Last Measured	Height Position	%
	9:32 AM	5.0	8.00	172.72	11/09/2015		

WEIGHT/BSA/BMI	Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
	9:32 AM	170.00		77.111			25.85	

BLOOD PRESSURE

Alsop, Christopher 650000060066 02/21/1968 11/09/2015 08:30 AM Page: 2/4
sur_master_final

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
9:32 AM	118/62					

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
9:32 AM	97.4	36.3		68		18

PAIN SCALE

Time	Pain Score	Method	HAQ Score
9:32 AM	6/10	Numeric Pain Intensity Scale	

MEASURED BY

Time	Measured by
9:32 AM	Janecia L. Mathis

Physical Exam:

Exam	Findings	Details
Constitutional	Normal	Well developed.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal.
Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Vascular	*	Severity: severe, Location: right, lower, ankle
Vascular	Comments	sever r vv large venous lake @r ankle
Vascular	Normal	Pulses - Carotids: Normal, Femoral: Normal, Dorsalis pedis: Normal, Posterior tibial: Normal. Bruits - Carotids: Absent.
Abdomen	Normal	Inspection - Normal. No abdominal tenderness. No hepatic enlargement.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Diabetic Foot Screen	Normal	Pulses - Dorsalis pedis: Normal, Posterior tibial: Normal.
Neurological	Normal	Memory - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
EDUCATED							
RLE							
VENOUS US							
W REFLUX							
STUDY: VV.							
VI							
SURGERY							

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Varicose veins of lower extremity with pain (I83.819).
	Plan Orders	Today's instructions / counseling include(s) EDUCATED, RLE, VENOUS US W REFLUX

STUDY: VV, VI and SURGERY.

Medications:

Brand	Dose	Instructions	Rx by Other Provider
ATORVASTATIN CALCIUM	20 mg	take 1 tablet by oral route every day	Y

Provider: ALBERT H. YURVATI DO 11/09/2015 10:14 AM

Document generated by: Albert H. Yurvati, DO 11/09/2015 10:14 AM

Visit submitted and electronically signed by: Albert H. Yurvati, DO on 11/09/2015.

CC Providers:

ALBERT H. YURVATI DO

PCC Surgery

Phone (817)735-5450

855 Montgomery St , 5th Floor North

Fort Worth, TX 761072553

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: ALSOP, CHRISTOPHER
Date of Birth: 02/21/1968
Scanned Date: 11/10/2015 15:52

Sex: M

Reg #: 03078-061
Race: BLACK
Facility: FTW

Reviewed by Baruti, A. MD on 11/27/2015 14:59.

2/2/2016 11:29 AM FROM: Fax VASCULAR AND VEIN CENTER, PA TO: 817-547-3596 PAGE: 002 OF 005

Summary View for ALSOP, CHRISTOPHER

Page 1 of 4

03078-261

History/Physical/Progress Note

Patient: ALSOP, CHRISTOPHER

Provider: Ramesh Paladugu, MD

Account Number: 83361

DOB: 02/21/1968 Age: 47 Y Sex: Male

Date: 02/01/2016

Phone: 817-547-9531

Address: 1412 MAY ST, FORT WORTH, TX-76104

Subjective:

Chief Complaints:

1. Symptomatic Varicose Veins.

HPI:

Venous Disease:

Mr. Christopher Alsop is a 47 year old male patient referred by Dr. Naeem Mohammad (UNT Health Science Center) for evaluation of symptomatic varicose veins. Patient is a federal inmate at UNT and has been accompanied by a prison guard for this visit.

(A) Varicose veins: Patient complains varicose veins in both the lower extremities, more dense on the right leg lower extremity. Patient first noticed them about 12 years ago and the varicosities had been increasing in number and size since then. Patient has spider veins and reticular veins.

(B) Leg symptoms: Patient has history of swollen, heavy and achy legs, leg cramps and leg tiredness and discomfort. The symptoms began about 2 years ago in both the legs, the right being worse. The symptoms have begun to get worse since the last couple of months. The symptoms are present all day and are exacerbated by prolonged standing, sitting or hot weather. The symptoms are minimally relieved by leg elevation. Patient has history of skin pigmentation, redness, hardening of skin.

Conditions associated with FLUID RETENTION:

Patient HAS history of liver dysfunction.

Patient DENIES history of hypertension.

Patient DENIES history of congestive heart failure.

Patient DENIES history of valvular heart disease.

Patient DENIES history of pulmonary hypertension.

Patient DENIES history of kidney dysfunction.

Patient DENIES history of thyroid dysfunction.

(C) Ulcer: Denies history of chronic, non-healing ulcers on the legs in the past. Patient denies history of leg infection. Patient denies bleeding from ulcers.

Patient denies history of active or healed lower extremity ulcers.

(D) Bleeding from superficial veins: Patient denies history of bleeding from superficial leg veins.

(E) Deep Venous Thrombosis (DVT)/Pulmonary Embolism (PE)/Post thrombotic syndrome (PTS): Patient denies history of Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE). Patient denies a history of DVT/PE. Patient denies Inferior Vena Cava (IVC) filter placement or chronic anticoagulation (Plavix, Coumadin/Warfarin, and Lovenox). Denies history of Deep Vein Thrombosis (DVT) or Inferior Vena Cava (IVC) filter placement or anticoagulation or cancer or chemotherapy or a major medical illness with prolonged immobilization.

Venous Thrombo Embolism (VTE) risk factors: prolonged immobilization, major trauma, major surgeries, cancer/chemo therapy, catheter induced thrombus formation, thrombophilia (Protein C & S deficiency, antithrombin deficiency, Factor V Leiden mutation), herbal medications intake.

(F) Other vascular diseases: Patient denies history of PAD, lymphedema, vascular malformations, hemorrhoids, vasculitis such as rheumatoid arthritis, systemic lupus erythematosus (SLE), Wegener's granulomatosis, scleroderma. Patient denies history of cirrhosis / portal hypertension.

(G) Chronic conditions: Patient denies medical conditions associated with increased intra-abdominal pressure, such as chronic cough, constipation, urinary retention, morbid obesity, intra-abdominal masses such as cancer. Patient denies/has skin cancer of the legs.

(H) Leg trauma/surgeries: Patient denies history of leg trauma and surgeries.

(I) Previous vein treatments: Patient denies history of vein stripping, ablative vein procedures, sclerotherapy, and stab phlebectomies.

(J) Family history: Patient has denies family history of varicose veins or, Deep vein thrombosis (DVT)

(K) Superficial thrombophlebitis: Patient denies.

(L) Use of Graduated Compression Stockings (GCS): Patient has history of compression stockings use. Had been using the compression stockings since 2014.

(M) Hormones: Denies history of hormonal replacement.

(N) Varicocele [Male patients]: Patient denies history of varicocele. [Scrotal swelling associated with pain/discomfort exacerbated with standing and towards the end of the day; diminishes upon lying down].

(O) Occupational history/Symptomatic influence on everyday life style: Patient is currently incarcerated; patient's previous profession as a phone sales man required prolonged periods of standing or sitting.

Symptoms interfere with everyday activities such as driving, standing, sitting at work place, shopping, showering, playing with grandchildren, house hold work, shoes getting tighter towards the end of the day, unable to wear shoes, having to wear sandals instead. The symptoms have been causing social issues creating difficulties in everyday activities such as - avoid going to places where the patient needs to stay standing, cancel activities and stay home, avoid wearing clothes exposing legs, avoid going on vacation to very warm places, taking time off work.

(P) Smoking history: Patient is not a current smoker. patient never smoke.

(Q) Iodine & IV Contrast dye allergy. Kidney function: Denies any history of allergy to Iodine or IV contrast dye. Patient has no history of kidney dysfunction.

(R). Migraine: Patient denies migraine with or without aura.

(S). Patent Foramen Ovale (PFO), other Intra cardiac defects and Paradoxical embolic stroke: Patient denies.

Others:

Patient currently takes no blood thinners.

Patient has a history of Hyperlipidemia.

Patient has no history of Diabetes, Hypertension, Coronary artery disease, coronary artery stenting, Congestive heart failure, Atrial Fibrillation, Pacemaker/ICD placement, Intracardiac defects - ASD or VSD or PFO or endocardial cushion defects, Valvular heart disease/heart valve replacement, COPD, Obstructive Sleep Apnea, Supplemental oxygen use/CPAP, DVT/ PE/ IVC filter placement, Kidney problems, Stroke, Carotid stenosis, Aortic Aneurysm, PAD, Previous arterial

2/3/2016 11:20 AM FROM: FAX VASCULAR AND VEIN CENTER, PA TO: 817-547-9596 PAGE: 003 OF 005

Summary View for ALSOP, CHRISTOPHER

Page 2 of 4

procedures such as bypasses, open or percutaneous interventions, Limb amputations, Previous vein procedures.

Patient exercises everyday.

Tobacco use status: never used tobacco products.

ROS:**Respiratory:**

no Shortness of breath, no Asthma, no Pneumonia, no Chronic bronchitis.

Constitutional:

no night sweats, no loss of appetite, no fever.

ENT:

no cold, no cough, no sore throat, no sinusitis.

Dermatology:

no rash, no moles, no lumps.

Cardiology:

no syncope, no shortness of breath, no chest pain, no palpitations.

Gastroenterology:

no nausea, no heartburn, no change in bowel habits.

Musculoskeletal:

no joint stiffness, no joint pain, no sciatica, no fracture.

Endocrinology:

no fatigue, no excessive sweating, no polydipsia, no weight loss, no cold intolerance.

Neurology:

no Diplopia, no headache, no seizures, no insomnia, no dizziness.

Hematology:

no epistaxis, no easy bleeding, no bruising.

Genitourinary:

Dysuria negative, hematuria negative, no Dialysis.

Psychiatry:

History negative.

Medical History: Symptomatic Varicose Veins, Hyperlipidemia, Leukocytopenia.

Surgical History: Liver surgery age 5.

Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.

Family History: Father: deceased, diagnosed with Other specified conditions influencing health status Mother: alive, Asthma Siblings: alive, diagnosed with Other specified conditions influencing health status daughter(s) - healthy.

Social History:

Recreational drug use: Denies.

Uses walker/cane: No.

Wheel Chair Dependence: No.

Residence status: Inmate.

Tobacco Use

Are you a smoker: never smoker

Alcohol use: Denies.

Medications: Taking Atorvastatin Calcium 20 MG Tablet 1 tablet Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 5'8", Wt 170, BMI 25.85, BP --109/75 LUA; 123/92 RUA; HR - 61, RR - 18, O2 Saturation(%) - 97.

Physical Examination:**General:**

Appearance: normal, not distressed, alert, awake, oriented.

Vascular Exam:

Carotid No neck scars and no carotid bruit heard.

Pacemakers/ICD None.

Abdomen No pulsatile mass or bruit.

AV graft None.

AV fistula None.

Radial +2 Bilaterally.

Femoral +2 Bilaterally.

Posterior tibial +2 Bilaterally.

Dorsalis pedis Both feet warm +2 Left +1 Right[weak].

Varicose Veins Varicosities in GSV and SSV territories right more than left. Corona phlebectatica present and is suggestive of chronic venous insufficiency right side more than left.

Pigmentation Bilateral LE: consistent with venous stasis Diffuse - More than lower 1/3 of the leg.

Wound/Ulcer None.

Trophic changes Bilateral LE: Dystrophic nails Dry, scaly skin.

Edema Circumferential measurements (inches) on - 2/1/2016 at 3:00pm Above ankle (inches): 10 1/2" (RT) & 9" (LT) Proximal calf (inches): 13 1/2" (RT) & 13 1/2" (LT) Mid thigh (inches): 14" (RT) & 14" (LT) Right LE: More than lower 1/3 of leg with pain verbalized.

Swelling Both legs, None present.

Amputation None.

Hands Hand Grips: Bilateral 5/5.

2/3/2016 11:20 AM FROM: FAX VASCULAR AND VEIN CENTER, PA TO: 817-547-9556 PAGE: 004 OF 035

Summary View for ALSOP, CHRISTOPHER

Page 3 of 4

CEAP Classification & VCSS (Venous Clinical Severity Score) - Chronic Venous Disease:
CEAP Clinical Grade

Right	Clinical Grade	Left
	C0: no visible or palpable signs of venous disease	
	C1: telangiectasies or reticular veins	2
2	C2: varicose veins	
3	C3: edema	
4a	C4a: pigmentation or eczema	C4a
	C4b: lipodermatosclerosis or atrophie blanche	
	C5: healed venous ulcer	
	C6: active venous ulcer	
S	S: symptomatic, including ache, pain, tightness, skin irritation, heaviness, and muscle cramps, and other complaints attributable to venous dysfunction. A: Asymptomatic	
C2,3,4a,S		C2,4a

VCSS Attributes & Score

Right	Venous Clinical Severity Score (VCSS)	Left
3	Pain/ Other discomfort: (0) = Absent (1) = Mild/Occasional (2) = Moderate/Daily - interferes with, but does not limit activity (3) = Severe/Daily, limitation of activity	1
2	Varicose veins (= or > 3 mm in standing): (0) = Absent (1) = Mild/Few - scattered (Isolated VV branches or clusters, Corona Phlebectatica) (2) = Moderate/Multiple - Calf or Thigh (3) = Severe/Extensive - Calf & Thigh	1
2	Venous edema: (0) = Absent (1) = Mild/Limited to Foot & Ankle (2) = Moderate/Extends Ankle to Knee (3) = Severe/Extends to Knee and above	0
3	Pigmentation: (0) = Absent (1) = Mild/Limited to Perimalleolar (2) = Moderate/Diffuse - Lower 1/3 of Calf (3) = Severe/Wider-Above Lower 1/3 of Calf	1
0	Inflammation (Erythema, Cellulitis, Dermatitis, Eczema): (0) = Absent (1) = Mild/Limited to Perimalleolar (2) = Moderate/Diffuse - Lower 1/3 of Calf (3) = Severe/Wider-Above Lower 1/3 of Calf	0
0	Induration (Lipodermatosclerosis, Atrophie Blanche): (0) = Absent (1) = Mild/Limited to Perimalleolar (2) = Moderate/Diffuse - Lower 1/3 of Calf (3) = Severe/Wider-Above Lower 1/3 of Calf	0
0	Active ulcer number: (0) (1) (2) (3)	0
0	Active ulcer duration (longest active): (0) = N/A (1) = Mild/ < 3 Months (2) = Moderate/ 3 Months to 1 Year (3) = Severe/ > 1 Year	0
0	Active ulcer size (largest active): (0) = N/A (1) = Mild/ < 2cm diameter (2) = Moderate/ 2-6cm diameter (3) = Severe/ > 6cm diameter	0
3	Compression Therapy: (0) = Not used (1) = Mild/Intermittent Use (2) = Moderate/Most Days (3) = Severe/Full compliance	3
13	Total VCSS	16

HEENT:

Head: normal.
Pupils: PERLA.
Sclera: anicteric.
EOM: intact.
Oral cavity: normal.

Neck:

Neck: supple, non tender.
ROM: normal.
Neck lesion: No palpable masses.

Heart:

Rhythm: regular.
Heart sounds: S1, S2 heard.

Chest:

Shape and expansion: normal.
Breath sounds: clear bilaterally.

Abdomen:

Palpation: Soft, non-tender, non-distended.
Auscultation: Bowel sounds heard.
Masses: No palpable masses.

Back:

Spine: no tenderness.

Extremities:

Tremors: none.
Clubbing: none.
Cyanosis: none.

Neurological:

2/3/2016 11:20 AM FROM: Fax VASCULAR AND VEIN CENTER, PA TO: 617-547-3596 PAGE: 005 OF 005

Summary View for ALSOP, CHRISTOPHER

Page 4 of 4

Diabetic Foot Exam

Visual exam of foot performed: Yes.

Sensory: Able to feel sensation to touch and painful stimuli.

Motor: Good and equal strength in the upper and lower extremities, bilaterally.

Dermatologic:

Vascular malformation: none visible.

Skin: warm to touch.

Genitourinary:

Hernia: No.

Assessment:**Assessment:**

1. Chronic venous hypertension (Idiopathic) with inflammation of right lower extremity - I87.321 (Primary)
2. Chronic venous hypertension (Idiopathic) with other complications of left lower extremity - I87.392
3. Hyperlipidemia, unspecified - E78.5

Plan:

1. Chronic venous hypertension (Idiopathic) with inflammation of right lower extremity

Notes: 1. Recommend ABI abnormal pulses noted on exam. ABI results are R: 1.34 and L: 1.25 with normal waveforms noted.

2. Reviewed the patient venous US with reflux noted in the bilateral GSV and Right SSV with intersaphenous reflux noted on the right also. Recommend Vein Stripping/RFA as treatment.

3. Patient was to have a follow with Dr Yurvati from his 11/2015 consult after imaging. We will send reports of US with notes from today to the patient primary providers.

4. PLEASE REF THE PATIENT BACK TO DR YURVATI FOR HIS FOLLOW UP AS PREVIOUSLY INSTRUCTED 11/2015 POST ULTRASOUNDS.

5. No follow up recommended here due to patient already under the care of a vascular surgeon (Dr. Yurvati).

2. Others

Notes: 1. Keep legs elevated above the heart while in bed or sitting as tolerated. Take breaks during day time to elevate the legs as tolerated.

2. Wear graduated compression stockings (20-30mm Hg) during day time - instructions for use have been given.

3. Exercise in the form of walking. Calf muscle exercises & ankle flexions at regular intervals during day time. Avoid long hours of immobilization including long hours of sitting or standing without calf muscle activity.

4. Maintain appropriate weight.

5. Educational resources provided.

Photos of the bilateral lower extremities have been taken on 2/1/16.

Imaging:Imaging: TVVC LE Venous (Ordered for 01/06/2016)

US BIL LE Venous: h/o Symptomatic varicose veins, right worse than left

Imaging: TVVC ABI (Ordered for 02/01/2016)

US BIL LE ABI: h/o varicose veins

Procedure Codes: G8427 DOC MEDS VERIFIED W/PT OR RE, 1036F TOBACCO NON-USUR

Follow Up: Follow up with Dr Yurvati

Provider: Ramesh Paladugu, MD

Patient: ALSOP, CHRISTOPHER DOB: 02/21/1968 Date: 02/01/2016

Electronically signed by RAMESH PALADUGU, MD on 02/03/2016 at 11:18 AM CST

Sign off status: Pending

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: ALSOP, CHRISTOPHER
Date of Birth: 02/21/1968
Scanned Date: 02/03/2016 15:28

Sex: M

Reg #: 03078-061
Race: BLACK
Facility: FTW

Reviewed by Tubera, Butch MD, CD on 02/03/2016 15:01.

J. Franklin Oaks Jr., D.O., MHA, FACOS
 SPS Vascular Surg IC
 740 High St Suite 2001
 Williamsport, PA 177013102
 Phone: (570)321-2805 Fax: (570)321-2806

03078-061
 Susquehanna Health

History & Physical

Patient: Chrispher Alsop
Date of Birth: 02/21/1968
Date: 11/08/2016 02:42 PM
Visit Type: New Patient
Account #: 1245452
Soarian Enc#: No Soarian Encounter ID

REASON FOR VISIT:

This 48 year old male presents for Bilateral LE varicose veins. and general.

CHIEF COMPLAINT: Bilateral LE varicose veins. , general

HISTORY OF PRESENT ILLNESS:

1. Bilateral LE varicose veins.

Chris is referred for symptomatic varicose veins bilateral lower extremities. He was evaluated at an outside facility for symptomatic varicose veins. No ultrasound report was available. He has worn compression stockings of a moderate grade for 10 years. He denies any history of DVT, trauma, or phlebitis. He does have a significant hearing loss.

2. general

He has had no chest discomfort suggestive of ischemia. The patient denies orthopnea, PND, DOE, or edema. Mr. Alsop has not had palpitations, syncope or near syncope. He denies claudication. There is no discoloration or ulceration of the lower extremities. He has had no TIA or stroke-like symptoms. The patient has no symptoms attributable to valvular heart disease.

CURRENT MEDICATIONS

ALLERGIES/INTOLERANCES:

Ingredient	Reaction	Medication Name	Comment
NO KNOWN			

ALLERGIES

B: Zalno, PA-C
 FCC Allenwood

NOV 16 2016

NoneNO KNOWN ALLERGIES

PAST MEDICAL/SURGICAL HISTORY (Reviewed, updated)

Disease/disorder	Onset Date	Management	Date	Comments
Hemorrhoids		Bowel resection		
Significant hearing loss-uses		Liver surgery age 5		

NOV-14-2016 MON 11:02 AM

HEART & VASC. CLINIC

FAX No. 321 3353

P. 004

hearing aid.

Varicose veins bilateral LE.

FAMILY HISTORY (Reviewed, updated)

Patient reports there is no relevant family history.

SOCIAL HISTORY (Reviewed, updated)

Tobacco use reviewed.

Preferred language is English.

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently unknown.

Smoking status: Never smoker.

B. Zalno; PA-C
FCC Allenwood

NOV 16 2016

SMOKING STATUS

Use Status	Type	Smoking Status	Usage Per Day	Reviewed
no/never		Never smoker		11/08/2016 02:42 PM

REVIEW OF SYSTEMS

System Reviewed	Review Result	Review Findings
Const	Neg	Activity Change, Weakness, Weight Gain, Weight Loss
Eyes	Neg	Visual Changes, Transient Visual Loss, Double Vision
Derm	Neg	Hyperpigmentation, Blisters, Skin Sores
Hemat	Neg	Easy Bleeding, Easy Bruising
Resp	Neg	Wheezing, Hemoptysis, Dyspnea
GU	Neg	Hematuria
Psych	Neg	Altered Mental Status
Neuro	Neg	Facial Droop, Fainting, Speech Changes, Slurred Speech, Paralysis
M/S	Neg	Dizziness, Seizures
Endo	Neg	Muscle Weakness, Back Pain
Vasc	Neg	Cold Intolerance, Heat Intolerance
Vasc	Pos	Pain, Ulcer, Claudication, Edema
Card	Neg	Varicose Veins, Leg Swelling
Card	Pos	Near Syncope, Palpitation, Syncope, Chest Pressure
GI	Pos	Chest Pain
GI	Neg	Hemorrhoids
ENT	Neg	Constipation, Diarrhea, Hematochezia, Abdominal Mass
ENT	Pos	Change in Voice
		Hearing Loss

VITAL SIGNS**HEIGHT**

Time	ft	in	cm	Last Measured	Height Position	%
2:46 PM	5.0	8.50	173.99	11/08/2016		

WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	%	BMI kg/m2	BSA m2
2:46 PM	178.00		80.739			26.67	

NOV-14-2016 MON 11:02 AM

HEART & VASC. CLINIC

FAX No. 321 3353

P. 005

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
2:52 PM	100/52	sitting	left	arm	manual	adult
2:46 PM	102/56	sitting	right	arm	manual	adult

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
2:46 PM				68		18

MEASURED BY

Time	Measured by
2:52 PM	Leslie M. Swartz
2:46 PM	Leslie M. Swartz

*Flu Requested
Study ordered*

B. Zalno, PA-C
FCC Allenwood

NOV 16 2016

PHYSICAL EXAM:

Exam	Findings	Details
Const	Neg	Level of Distress - Awake / Alert. Appearance - Well Developed, Age Appropriate.
Const	Pos	Nourishment - Obese.
Eyes	Neg	Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. Pupil - Bilateral Equal and Reactive to Light.
NMT	Neg	Oral Mucosa - Moist, No Cyanosis, No Pallor. Teeth and Gums - Normal.
Neck	Neg	Inspection - Normal. Palpation - Normal. Thyroid - No Masses. Neck ROM - Normal.
Neck	Pos	JVP - Less than 8.
Resp	Neg	Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent.
Resp	Note	No accessory muscle use is noted
Cardiac	Neg	Rhythm - Regular. Palpation - PMI Normal. Heart Sounds - S1 Normal, S2 Normal. Murmurs - None.
Vasc	Neg	Carotid - No Bruits Noted. Radial - Bilateral Normal Pulse. Posterior Tibial - Bilateral Normal Pulse. Dorsalis Pedis - Bilateral Normal Pulse.
Vasc	Note	Venous skin changes.
Abd	Neg	Tenderness - None. Palpation - Soft, No Guarding. Hepatomegaly - Absent. Splenomegaly - Absent. Masses - Absent.
GU	Neg	CVA Tenderness - Absent. Hernia - Absent.
Skin	Neg	Venous Stasis Ulcer - Absent. Rashes - Absent. Psoriasis - Absent.
M/S	Neg	Gait - Normal. Able to Exercise - Yes. Amputation - None.
EXT	Neg	Clubbing - Absent. Cyanosis - Absent. Stasis Dermatitis - None. Discoloration - None. Ischemic Ulcers - Absent. Upper Extremity Edema - Absent.
EXT	Pos	Varicosities - Present Both Legs. Lower Extremity Edema - Mild.
EXT	Note	Chronic venous insufficiency
Neuro	Neg	Level of Consciousness - Alert. Hemiparesis - Absent. Weakness - None. Facial Droop - Absent. Aphasia - Absent. DTR - Bilateral Normal.
Psych	Neg	Cranial Nerves - 2 - 12 Intact. Orientation - Oriented to Time, Person, Place. Mood - Appropriate.

IMPRESSION AND PLAN

01. Symptomatic varicose veins of both lower extremities (I83.893): Bilateral LE varicose veins. Symptomatic. Both legs ache and his veins bulge. The right leg is the worst. Will need to get a bilateral venous insufficiency study. Would look to set up a RF ablation once ultrasound is done.

NOV-14-2016 MON 11:03 AM

HEART & VASC. CLINIC

FAX No. 321 3353

P. 006

I, Tarah Williamson RN, am scribing for and in the presence of Dr. Frank Oaks. I, Dr. Frank Oaks, personally performed the services described in this documentation, scribed by Tarah Williamson RN in my presence, and it is both accurate and complete.

02. Chronic venous insufficiency (I87.2): Bilateral LE varicose veins. See above assessment.

I, Tarah Williamson RN, am scribing for and in the presence of Dr. Frank Oaks. I, Dr. Frank Oaks, personally performed the services described in this documentation, scribed by Tarah Williamson RN in my presence, and it is both accurate and complete.

ORDERS:

VUS Leg Venous Bil Bilateral leg

J. Franklin Oaks Jr. D.O., MHA, FACOS 11/10/2016

Document generated by: Jay Oaks, DO 11/10/2016

Electronically signed by J. Franklin Oaks Jr. D.O., MHA, FACOS on 11/10/2016 03:03 PM

B. Zalno, PA-C
FCC Allenwood

NOV 16 2016

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: ALSOP, CHRISTOPHER
Date of Birth: 02/21/1968
Scanned Date: 11/17/2016 10:23 EST

Sex: M

Reg #: 03078-061
Race: BLACK
Facility: ALM

Reviewed by Cullen, Thomas D.O. on 11/17/2016 13:17.

1/23/2017 11:04:43 AM

Susquehanna Health Fax:

Page 2 of 3

J. Franklin Oaks Jr., D.O., MHA, FACOS
 SPS Vascular Surg IC
 740 High St Suite 2001
 Williamsport, PA 177013102
 Phone: (570)321-2805 Fax: (570)321-2806

03078-061
 Susquehanna Health

History & Physical

Patient: Christopher Alsop
Date of Birth: 02/21/1968
Date: 01/17/2017 01:49 PM
Visit Type: Return Office Visit
Account #: 1245452
Soarian Enc#: No Soarian Encounter ID

REASON FOR VISIT:

This 48 year old male presents for follow up of BLE varicose veins.

LEAD
 FCC Allenwood
 JAN 25 2017

CHIEF COMPLAINT: Follow Up of BLE varicose vein, general

HISTORY OF PRESENT ILLNESS:

1. Follow Up of BLE varicose veins.

Christopher has returned today for results of his bilateral lower extremity varicose veins. His right leg is the worst. He c/o itching and burning at his calf. His biggest complaint today is toe pain. It's been getting worse the last few months. He's worn compression stockings 20-30mmHg for 3 months. He has no history of DVT or trauma.

2. general

He has had no chest discomfort suggestive of ischemia. The patient denies orthopnea, PND, DOE, or edema. Mr. Alsop has not had palpitations, syncope or near syncope. He denies claudication. There is no discoloration or ulceration of the lower extremities. He has had no TIA or stroke-like symptoms. The patient has no symptoms attributable to valvular heart disease.

CURRENT MEDICATIONS

Medication	Sig Description
acetaminophen 325 mg capsule	prn
calcium polycarbophil 625 mg tablet	twice daily
docusate sodium 100 mg capsule	take 1 capsule by oral route every day at bedtime as needed
ibuprofen 800 mg tablet	take 1 tablet by oral route 3 times every day with food

ALLERGIES/INTOLERANCES:

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

None NO KNOWN ALLERGIES

PAST MEDICAL/SURGICAL HISTORY (Detailed)

1/23/2017 11:05:06 AM

Busquehanna Health PCP:

Page 3 of 6

Disease/disorder	Onset Date	Management	Date	Comments
Hemorrhoids		Bowel resection		
Significant hearing loss-uses hearing aid		Liver surgery age 5		

FAMILY HISTORY (Detailed)**SOCIAL HISTORY (Detailed)**

Tobacco use reviewed.

Preferred language is English.

B. Zalno, PA-C
FCC Allenwood

JAN 25 2017

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently unknown.

Smoking status: Never smoker.

SMOKING STATUS

Use Status	Type	Smoking Status	Usage Per Day	Reviewed
no/never		Never smoker		01/17/2017 01:49 PM

REVIEW OF SYSTEMS

System Reviewed	Review Result	Review Findings
Resp	Neg	Wheezing, Hemoptysis, Dyspnea
GI	Neg	Constipation, Diarrhea, Hematochezia, Abdominal Mass
Neuro	Neg	Facial Droop, Fainting, Speech Changes, Slurred Speech, Paralysis, Dizziness, Seizures
Derm	Neg	Hyperpigmentation, Blisters, Skin Sores
Endo	Neg	Cold Intolerance, Heat Intolerance
GU	Neg	Hematuria
Hemat	Neg	Easy Bleeding, Easy Bruising
Const	Neg	Activity Change, Weakness, Weight Gain, Weight Loss
ENT	Neg	Hearing Loss, Change in Voice
Psych	Neg	Altered Mental Status
Eyes	Neg	Visual Changes, Transient Visual Loss, Double Vision
Vasc	Pos	Varicose Veins, Leg Swelling
Vasc	Neg	Pain, Ulcer, Claudication, Edema
Card	Neg	Near Syncope, Chest Pain, Palpitation, Syncope, Chest Pressure
M/S	Neg	Muscle Weakness, Back Pain
M/S	Pos	Joint Stiffness

VITAL SIGNS**BLOOD PRESSURE**

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
2:52 PM	124/60	sitting	right	arm	manual	adult

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
Alsop, Christopher	124	52	02/21/1968	01/17/2017 01:49 PM	Page: 2/4	

1/23/2017 11:05:28 AM

Busqueenne Health Fax:

Page 4 of 5

2:52 PM

66

14

MEASURED BY

Time Measured by
2:52 PM Tarah Williamson, RN

B. Zalno, PA-C
FCC Allenwood

JAN 25 2017

PHYSICAL EXAM:

Exam	Findings	Details
Const	Neg	Level of Distress - Awake / Alert. Appearance - Well Developed, Age Appropriate.
Const	Pos	Nourishment - Obese.
Eyes	Neg	Lids/External - Bilateral Normal. Conjunctiva - Bilateral Normal. Pupil - Bilateral Equal and Reactive to Light.
NMT	Neg	Oral Mucosa - Moist, No Cyanosis, No Pallor. Teeth and Gums - Normal.
Neck	Neg	Inspection - Normal. Neck ROM - Normal.
Resp	Neg	Respirations - Nonlabored. Breath Sounds - Clear Throughout. Rales - Absent. Wheezes - Absent.
Resp	Note	No accessory muscle use is noted
Cardiac	Neg	Rhythm - Regular. Palpation - PMI Normal. Heart Sounds - S1 Normal, S2 Normal. Extra Sounds - None. Murmurs - None.
Abd	Neg	Tenderness - None. Palpation - Soft, No Guarding. Hepatomegaly - Absent. Splenomegaly - Absent. Masses - Absent.
GU	Neg	CVA Tenderness - Absent. Hernia - Absent.
Skin	Neg	Venous Stasis Ulcer - Absent. Rashes - Absent. Psoriasis - Absent.
M/S	Neg	Gait - Normal. Able to Exercise - Yes. Amputation - None.
EXT	Neg	Clubbing - Absent. Cyanosis - Absent. Stasis Dermatitis - None. Discoloration - None. Ischemic Ulcers - Absent. Upper Extremity Edema - Absent. Lower Extremity Edema - Absent.
EXT	Pos	Varicosities - Present Both Legs.
Neuro	Neg	Level of Consciousness - Alert. Hemiparesis - Absent. Weakness - None. Facial Droop - Absent. Aphasia - Absent. DTR - Bilateral Normal. Cranial Nerves - 2 - 12 Intact.
Psych	Neg	Orientation - Oriented to Time, Person, Place. Mood - Appropriate.

IMPRESSION AND PLAN

01. Venous insufficiency of both lower extremities (I87.2): Ultrasound shows bilateral LE GSV reflux. He does have some small varicose veins in bilateral lower extremities. He has tried compression stockings 20-30mmHg for several months and elevation. He continues with complaints of pain, swelling, itching and burning. He has failed conservative therapy and would recommend a radiofrequency ablation of bilateral greater saphenous veins. Did review in detail surgery and post-op plan of care. Within 24 hours of surgery he can return to all activities without restrictions. Pictures were taken.

I, Tarah Williamson RN, am scribing for and in the presence of Dr. Frank Oaks. I, Dr. Frank Oaks, personally performed the services described in this documentation, scribed by Tarah Williamson RN in my presence, and it is both accurate and complete.

FINAL MEDICATION LIST

Medication	Sig Description
acetaminophen 325 mg capsule	pm
calcium polycarbophil 625 mg tablet	twice daily
docusate sodium 100 mg capsule	take 1 capsule by oral route every day at bedtime as needed
ibuprofen 800 mg tablet	take 1 tablet by oral route 3 times every day with food

Also, Christopher 1245452 02/21/1968 01/17/2017 01:49 PM Page: 3/4

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: ALSOP, CHRISTOPHER
Date of Birth: 02/21/1968
Scanned Date: 01/27/2017 15:08 EST

Sex: M

Reg #: 03078-061
Race: BLACK
Facility: ALM

Reviewed by Cullen, Thomas D.O. on 01/30/2017 08:42.

1/23/2017 11:06:55 AM

Bismarck Health Fax:

Page 5 of 5

J. Franklin Oaks Jr. D.O.,MHA,FACOS 01/22/2017

Document generated by: Jay Oaks, DO 01/22/2017

Electronically signed by J. Franklin Oaks Jr. D.O.,MHA,FACOS on 01/22/2017 06:04 PM

B. Zalno, PA-C
FCC Allenwood

JAN 25 2017

(2)

FCW 1330.13(E)
October 30, 2003
Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY - ATTEMPT AT INFORMAL RESOLUTION

Date Delivered to Inmate: 12/10/2015 By: [Signature]
(Staff Name)

Bureau of Prisons Program Statement 1330.13 requires that "An inmate will first present an issue of concern informally to staff before an inmate submits a Request for Administrative Remedy." Also, the staff member must try to resolve the complaint informally before the inmate will be given a BP-229(13) form.

1. Write your complaint in this space, as briefly as possible, including details and facts which support your request.

I have veins throbbing and popping out of my leg and ankle. I am in constant pain, when I walk it gets worst. There is swelling in my ankle to where I cant wear shoes. Im diagnosed with Venous Reflux and Obstruction.

2. What action do you wish to be taken to correct the situation?

I wish for the F.B.O.P. to honor the Doctors recommendations and Surgically repair my problem.

3. What have you done to informally resolve this matter? To whom have you spoken?

I have repeatedly gone to sick call. I have spoken to Medical Staff and Doctors.

Inmate Name: Christopher Alsop Reg. No.: 03078-061 Unit: Houston

Date: _____

Date Informal Resolution Submitted to Staff: 12-14-2015 Submitted to: [Signature]

The unit staff member who has attempted to resolve the matter informally will indicate below the efforts he has made. Be specific, but brief:

A consultation request for an ultrasound of your right leg was approved by the Clinical Director

Responded to by: see below Date: 12/18/15

Reviewed by Unit Manager: [Signature] Date: 1-11-16

Date BP-229(13) Delivered to Inmate: 01-12-2016 Delivered by: [Signature]

on 11/27/15. This is pending scheduling. Follow-up at Mrs. Mendian's open house. You attended sick call once for this issue in 2015 (June).

CDR L. McDannold, RN
AHSA, FCI Fort Worth, TX

FTW 1330.13(E)

October 30, 2003

Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY / ATTEMPT AT INFORMAL RESOLUTION

Date Delivered to Inmate:

9-24-2015 [Signature]
(Staff Name)

Bureau of Prisons Program Statement 1330.13 requires that "An inmate will first present an issue of concern informally to staff before an inmate submits a Request for Administrative Remedy."

Also, the staff member must try to resolve the complaint informally before the inmate will be given a BP-229(13) form.

1. Write your complaint in this space, as briefly as possible, including details and facts which support your request.

I was taken to the hospital several months ago for evaluation of my leg. I was told that I would need an operation but I was given no information about what the procedure was, what the complications might be, what result I could expect. Medical records cannot find any record of this.

2. What action do you wish to be taken to correct the situation?

1. The hospital medical record and the doctor's consultation.

2. Written instructions what procedure is recommended, what is the success rate and what are the risks and complications.

3. What have you done to informally resolve this matter? To whom have you spoken?

I have gone to medical records that cannot find any information from the hospital consultant.

Inmate Name: Christopher Alsop Reg. No.: 03078-061 Unit: Houston

Date: Oct. 5, 2015

Date Informal Resolution Submitted to Staff: 10-8-2015 Submitted to: [Signature]

The unit staff member who has attempted to resolve the matter informally will indicate below the efforts he has made. Be specific, but brief:

You were evaluated by the Podiatrist and Dermatologist.
There is no recommendation for surgery at this time.

Responded to by: see below

Date: 10/9/15

Reviewed by Unit Manager: [Signature]

Date: 10-8-15

Date BP-229(13) Delivered to Inmate: 10-9-2015

Delivered by: [Signature]

You are currently being scheduled to see a vascular surgeon for evaluation. Discuss your concerns during the appointment with the vascular surgeon. [Signature]
L. McDannold, CDR
AHSA, FCI Fort Worth

FTW 1330.13(E)

October 30, 2003

Attachment A

REQUEST FOR ADMINISTRATIVE REMEDY - ATTEMPT AT INFORMAL RESOLUTIONDate Delivered to Inmate: 12/10/2015 By: [Signature]
(Staff Name)

Bureau of Prisons Program Statement 1330.13 requires that "An inmate will first present an issue of concern informally to staff before an inmate submits a Request for Administrative Remedy." Also, the staff member must try to resolve the complaint informally before the inmate will be given a BP-229(13) form.

1. Write your complaint in this space, as briefly as possible, including details and facts which support your request.

I have veins throbbing and popping out of my leg and ankle. I am in constant pain, when I walk it gets worst. There is swelling in my ankle to where I cant wear shoes. Im diagnosed with Venous Reflux and Obstruction.

2. What action do you wish to be taken to correct the situation?

I wish for the F.B.O.P. to honor the Doctors recommendations and Surgically repair my problem.

3. What have you done to informally resolve this matter? To whom have you spoken?

I have repeatedly gone to sick call. I have spoken to Medical Staff and Doctors.

Inmate Name: Christopher Alsop Reg. No.: 03078-061 Unit: Houston

Date: _____

Date Informal Resolution Submitted to Staff: _____ Submitted to: _____

The unit staff member who has attempted to resolve the matter informally will indicate below the efforts he has made. Be specific, but brief:

Responded to by: _____ Date: _____

Reviewed by Unit Manager: _____ Date: _____

Date BP-229(13) Delivered to Inmate: _____ Delivered by: _____

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE 1 EXHIBIT

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Mrs D Mendias (Medical)	DATE: 2-6-2016
FROM: Christopher Aisop	REGISTER NO.: 03078-061
WORK ASSIGNMENT: SHU	UNIT: SHU

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I have spider and reticular veins and it was Advised by VASCULAR VEIN DOCTOR to MAKE appointment to have my vein close and vein stripping so I would like to know if appointment had been made at this time.

Thank you Aisop
03078-061

(Do not write below this line)

DISPOSITION:

I have deferred this to Dr. Sukera and Dr. Baruti to have a follow up consult written. Once an approved consult is received, it will be scheduled.

Signature Staff Member K Mendias	Date 3.10.16
-------------------------------------	-----------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



ALM 1330.13F

Attachment 1

Federal Correctional Institution
Allenwood, Pennsylvania

ADMINISTRATIVE REMEDY PROCEDURE FOR INMATES
INFORMAL RESOLUTION FORM

NOTE TO INMATE: You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9 [BP-229(13)], you must ordinarily attempt to informally resolve your complaint through your Correctional Counselor. Briefly state ONE complaint below and list what efforts you have made to resolve your complaint informally and state the names of staff contacted.

Issued By: [Signature] (Initials of Correctional Counselor)
Date Issued To The Inmate: 9/7/16

INMATE'S COMMENTS:

1. Complaint: I have spider and reticular veins I am in constant pain when I walk, sometime my right leg go out where I have to catch myself from falling, when I lay down both of my arm go to sleep and my chest start to hurt will bad.
2. Efforts you have made to informally resolve: I have repeatedly gone to sick call I have spoken to medical staff I wish for the FBOP to have me see a vascular vein doctor to have my vein close and stripping before I fall and hurt myself.
3. Names of staff you contacted: My PA B. Zaino

Date Returned to Correctional Counselor: 9/19/16

Christopher Alsop
Inmate's Signature

63078-061
Reg. Number

9-5-2016
Date

CORRECTIONAL COUNSELOR'S COMMENTS:

1. Efforts made to informally resolve and staff contacted: See attached statement from medical staff

Date BP-9 Issued: _____

[Signature]
Correctional Counselor

9/20/16
Unit Manager (Date)

Distribution: If complaint is NOT informally resolved - Forward original attached to BP-9 Form to the Executive Assistant.

ALSOP, Christopher
Reg. No. 03078-061
Unit: D03-205L
Page 1

This is in response to your Request for an Informal Resolution received on September 19, 2016, wherein you state you have varicose veins and wish to have your veins stripped by a vascular surgeon.

A thorough review of your medical file was completed on September 19, 2016. On September 2, 2016, you received an evaluation by the Physician Assistant (PA). This examination was based upon your lower right leg pain concerns that you have had for years. You advised the PA that your prior institution recommended vein stripping by a vascular surgeon along with wearing compression stockings daily. The PA informed you that given you are at a new institution, you would have to be evaluated by our Vascular Surgeon and she did submit this future appointment with the specialist.

The referral to a Vascular Specialist was reviewed and approved by the Utilization Review Committee on September 8, 2016. You were notified of this decision via TruLink system. Until our Vascular Surgeon evaluates you a determination of vein stripping cannot be made.

Therefore your request cannot be realistically addressed until this evaluation. If you have further questions, discuss this with the PA making rounds in the Special Housing Unit.

JAMES POTOPE

J. Potope, HSA
USP Allenwood

Digitally signed by JAMES POTOPE
DN: c=US, o=U.S. Government, ou=Dept of Justice, ou=BOP,
cn=JAMES POTOPE, 0.9.2342.19200300.100.1.1=15001002784333
Date: 2016.09.19 15:38:27 -04'00'

Date

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Alsop Christopher 03078-061 Houston Fort Worth F.C.I.
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I was notified 10/27/15 of Medical Consult for Vascular Surgery, However, I was seen by an outside doctor on 11/9/15 who prescribed me medication and recommended surgery. However, the ailment is getting worsen by the day. I have another medical emergency. Combined with this is degenerating my health. I'm looking for a resolve to my health conditions. Please look into this matter and let me know what my best options are and also when I should expect an answer from the Regional or Medical Staff.
Thank you.

Christopher Alsop
SIGNATURE OF REQUESTER

01-13-2016
DATE

Part B- RESPONSE

Both 9

Kavd
1-21-16
PJB

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER: 24915-1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

ALSOP, Christopher

REG. NO. 03078061

FILED: 1-21-2016

REMEDY NO. 849175-F1

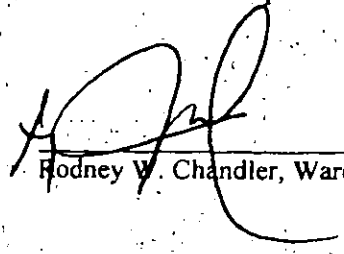
PART B-RESPONSE

This is in response to your Request for Administrative Remedy, dated January 13, 2016, in which you indicate during a consultation on November 9, 2015, a contract vascular surgeon recommended surgery for varicose veins which are located on your leg and ankle. You indicate this chronic issue is progressively getting worse. You are requesting to resolve this issue with the varicose veins.

A review of your medical record reveals you were evaluated by a contract vascular surgeon on November 9, 2015. At that time, the recommendation was made for you to have a venous ultrasound of your right lower extremity, not surgery as you indicate. Records indicate a vascular surgery consultation was requested by a mid-level practitioner (MLP) on November 25, 2015, and was approved by the Utilization Review Committee on November 27, 2015. A follow-up consultation has been scheduled for a venous ultrasound of your right leg and ankle as recommended.

You are receiving medical treatment in accordance with community standards and will continue to be monitored and treated by Health Services staff for your health-related conditions. Based on the above, this response is provided for informational purpose only.

If you are not satisfied with this response, you may appeal to the Regional Director at Bureau of Prisons, South Central Region, 344 Marine Forces Drive, Grand Prairie, Texas, 75051, via a BP-230(13). Your appeal must be received in the South Central Regional Office within 20 days of the date of this response.



Rodney W. Chandler, Warden

02/01/2016
Date

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Alsop, Christopher 03078-061 Unit 4A FCI ALM
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL Aforementioned appeal is made in the regards of the unnecessary manner of adequate medical care and prognosis for mannerisms of surgical pretenses to be done in the discomfort of protruding and adverse varicose veins that are located within the leg and ankle arena. Further when trying to have a proper evaluation done and the medical diagnosis of recommendations that were preceived by Vascular Specialist Ramesh Paladugu M.D. on or about 2-1-16 in which surgery was suggested so that I would not have endure further pain and discomfort in when walking throughout the series of the current institution that I am in FCI Allenwood. This mannerism of medical prognosis took place while I was within the Fort Worth South Central Regional area yet I have had no further remote care or evaluation done in the condition of these painful and discomforting varicose veins and ankle condition that I have described in the attachment of materials herewith (BP-8, BP-9 and BP-10 respectively from the South Central Region) However, I am seeking a formation of medical care while in my current institution and at the date of this appeal I haven't remotely been given the proper procedural medical treatment to address my situation of the varicose veins and or to be evaluated by a Vascular Surgeon and/or Specialist that can better inform the medical department of what is necessary for me to properly function within my current arena of institution so that I will not have to worry about further adverse mannerisms of these stated varicose veing being harmful and or indepth from treatment in the near future.

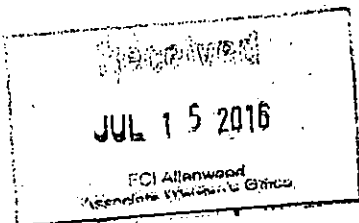
June 8, 2016

DATE

Christopher Alsop
 SIGNATURE OF REQUESTER

Part B - RESPONSE

See Attached Response



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 84917521

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL



ALSOP, Christopher
Reg. No. 03078-061
Appeal No. 849175-R1
Page One

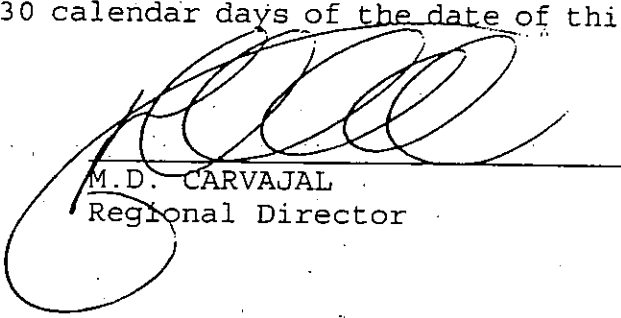
Part B - Response

You appeal the response from the Warden at FCI Fort Worth and contend you are not receiving proper care for your varicose veins of your legs. You claim surgery was suggested by an outside doctor. You request to be evaluated by a Vascular Surgeon.

A review of your appeal reveals the Warden adequately addressed your concerns in his response. According to your Bureau Electronic Medical Record (BEMR), you were evaluated by an outside specialist on February 2, 2016. Suggestions for treatment were provided, including the less invasive treatment using compression stockings. On April 21, 2016, you were transferred to FCI Allenwood. On April 28, 2016, you were evaluated by Health Services staff and it was determined that stockings would be initiated. According to your medical record you are being evaluated and treated in accordance with Program Statement 6031.04, Patient Care. Accordingly, your appeal is denied.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons. Your appeal must be received in the Administrative Remedy Section, Office of General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534, within 30 calendar days of the date of this response.

Date: July 13, 2016



M.D. CARVAJAL
Regional Director

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

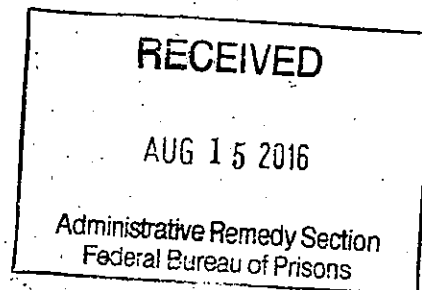
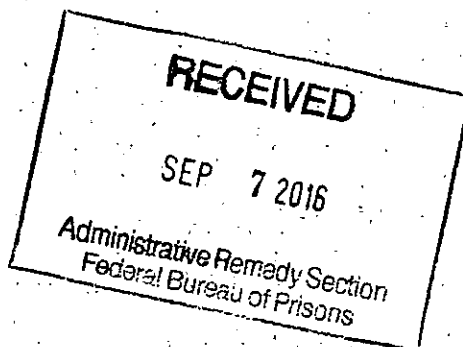
From: ALSOP, CHRISTOPHER 03078-061 4A FCC ALM
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL Aforementioned appeal is made in the discrepancies of medical treatment not being adhered to to varicose viens that have become extremely painful and unbearable to my daily functioning and walking while in this institution. I have repeatedly brought this issue before the medical department herite within FCI Allenwood and have been ignored, whereas the level and decorum of medical professionalism is null and unprofessional to the needs of patients as myself with severe varicose viens and discomfort due to the undisrupted manners of medical protocols not being followed within the structure of medical care. I am left with the need to go through the administrative process to try and seek recourse of proper medical evaluation and treatment that is due to me in these matters [See attachment of BP-10 and other materials herewith]. Aforementioned matter has been ignored for such a period of time that it is adverse to my health, life, limb and liberty as a patient that is in need of medical necessity of corrective surgery or enhanced surgery to clarify these issues with my leg arena. I am in pain and have constant discomfort as I try and functionally walk to and from differer arenas of this institution and for this matter I ask that a proper and adequate review be allotted so that I may recieve proper medical treatment.

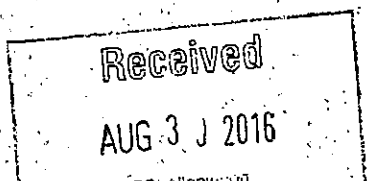
July 7, 2016

DATE

SIGNATURE OF REQUESTER

Part B - RESPONSE

OCT 31 2016



DATE

Associate Warden's Office

ORIGINAL: RETURN TO INMATE

GENERAL COUNSEL

CASE NUMBER: 849175-2**Part C - RECEIPT**

CASE NUMBER: _____

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

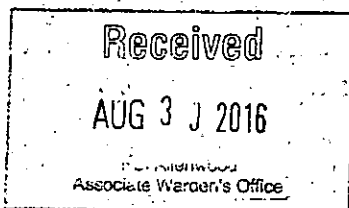
SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL



complaint continued:

I was seen by an outside Doctor Name Dr. Baruti, on 2-1-15. on 2-24-15, i was advised by Mr. Baruth, i needed my vein closed and vein stripping. The Bureau of Prisons Health Services Clinical Encounter Administrative note is attached with this BP-11, stating; seen by podiatry on 2-24-15, requests evaluation by Dermatology for further opinions and recommendations, Please schedule accordingly.

However, no follow up has been made since my transfer to the Allenwood FCI-complex, please help.



OCT 3 1 2016

Administrative Remedy No. 849175-A2

Part B - Response


This is in response to your Central Office Administrative Remedy Appeal wherein you allege you are not provided with proper treatment for varicose veins. For relief, you request proper medical treatment.

We have reviewed documentation relevant to your appeal and, based on our findings, concur with the manner in which the Warden and Regional Director responded to your concerns at the time of your Request for Administrative Remedy and subsequent appeal. Our succeeding review reveals a consultation request for evaluation by a vascular surgeon was approved by the institution Utilization Review Committee (URC) on September 8, 2016, and will be scheduled in the near future. There is no evidence to suggest you have not been provided with proper treatment for varicose veins..

The record reflects you have received medical care and treatment in accordance with evidence based standard of care and within the scope of services of the Federal Bureau of Prisons. You are encouraged to comply with proposed medical treatment so Health Services can continue to provide essential care and to contact medical personnel through routine sick call procedures should your condition change.

Considering the foregoing, this response is provided for informational purposes only.

10/18/16
Date



Ian Connors, Administrator
National Inmate Appeals

(KL)

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 03078-061

Inmate Name: ALSOP, CHRISTOPHER

Housing Status:

☒ confined to the living quarters except ☒ meals ☒ pill line ☒ treatments Exp. Date: 11/09/2017
☐ on complete bed rest ☐ bathroom privileges only Exp. Date: _____
☒ cell: ☐ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: _____
☒ other: MAY WEAR SOFT SHOES Exp. Date: _____

Physical Limitation/Restriction:

☒ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☒ other: NO CONTACT SPORTS, NO WEIGHT LIFTING, NO RUNNING, JOGGING, OR JUMPING. Exp. Date: _____
MAY RIDE STATIONARY BIKE

May have the following equipment in his/her possession:

Equipment	Start Date	End Date	Return Date
Crutches	11/06/2017		
Compression garment - leg	04/26/2017	04/26/2018	
Hearing Aid-L	09/19/2016		
soft ear molds given to replace the hard ear molds			
Hearing Aid-R	09/19/2016		
soft ear mold to replace the hard ear mold			
Hearing Aid-R	08/26/2016		
Beltone #816			
Hearing Aid-L	08/26/2016		
Beltone #528			
Alternate Institutional Shoes	04/28/2016		
Brace - ankle	08/07/2014		
Lace up R ankle support orthosis			
Orthotics	03/10/2014		
x1 pair BFO's size 11-12			

Work Restriction/Limitation:Cleared for Food Service: No

Restriction

Expiration Date
11/09/2017

Medical Idle

No Upper Bunk

No Work Around Potentially Dangerous Machinery

No Work in High Noise Area

No Work Requiring Safety Shoes

Partial Hearing Loss

Comments: N/A

Reg #: 03078-061

Inmate Name: ALSOP, CHRISTOPHER

Gore, Catherine FNP/BC

11/06/2017

Health Services Staff

Date

Inmate Name: ALSOP, CHRISTOPHER

Reg #: 03078-061

Quarters: L01

ALL EXPIRATION DATES ARE AT 24:00.



LSCI Allenwood ALF

Patient: **ALSOP, CHRISTOPHER (Male)**
Register#: **03078-061**
Date: **11/07/17 07:19**
Slicecount: **3**
History: **"Ankle pain and "giving out""**
Priors:
Exams: **FILM RIGHT ANKLE**
Referring Phy: **Catherine Gore FNP-BC**
Ordering Phy:
Ordering Phy #:
Accession Numbers: **202#BOP274718051**

DOB: **02/21/68**
Age: **49**
Status: **OP**

Final Report

Exam: FILM RIGHT ANKLE

INDICATION: Ankle pain and giving out

COMPARISON: none

FINDINGS:

3 views of the right ankle are obtained.

No fracture or malalignment.

There is mild periosteal reaction at the medial malleolus medial cortex surface. Overlying soft tissue swelling is noted.

No lytic lesion or cortical destruction.

Joint spaces maintained.

No joint effusion.

Mortise joint is intact.

No calcaneal spurs.

No arthritic changes identified.

Remaining solid tissues are unremarkable by radiograph exam.

IMPRESSION:

No fracture or malalignment.

C. Gore, FNP-BC
11/7/17
LSCI Allenwood

LSCI ALLENWOOD - HEALTH SVCS
P.O. BOX 1500
WHITE DEER, PA 17887

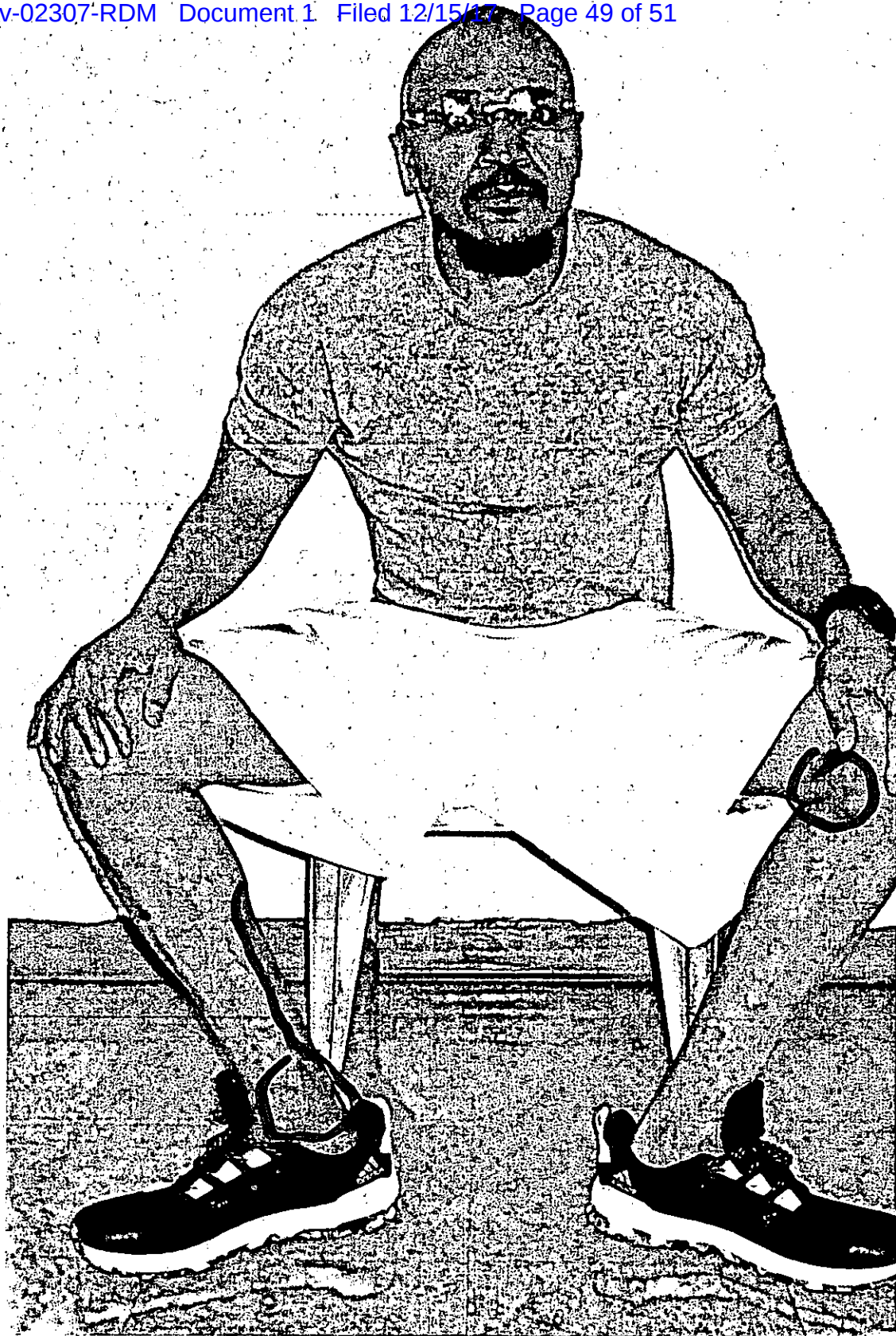
**Bureau of Prisons
Health Services
Cosign/Review**

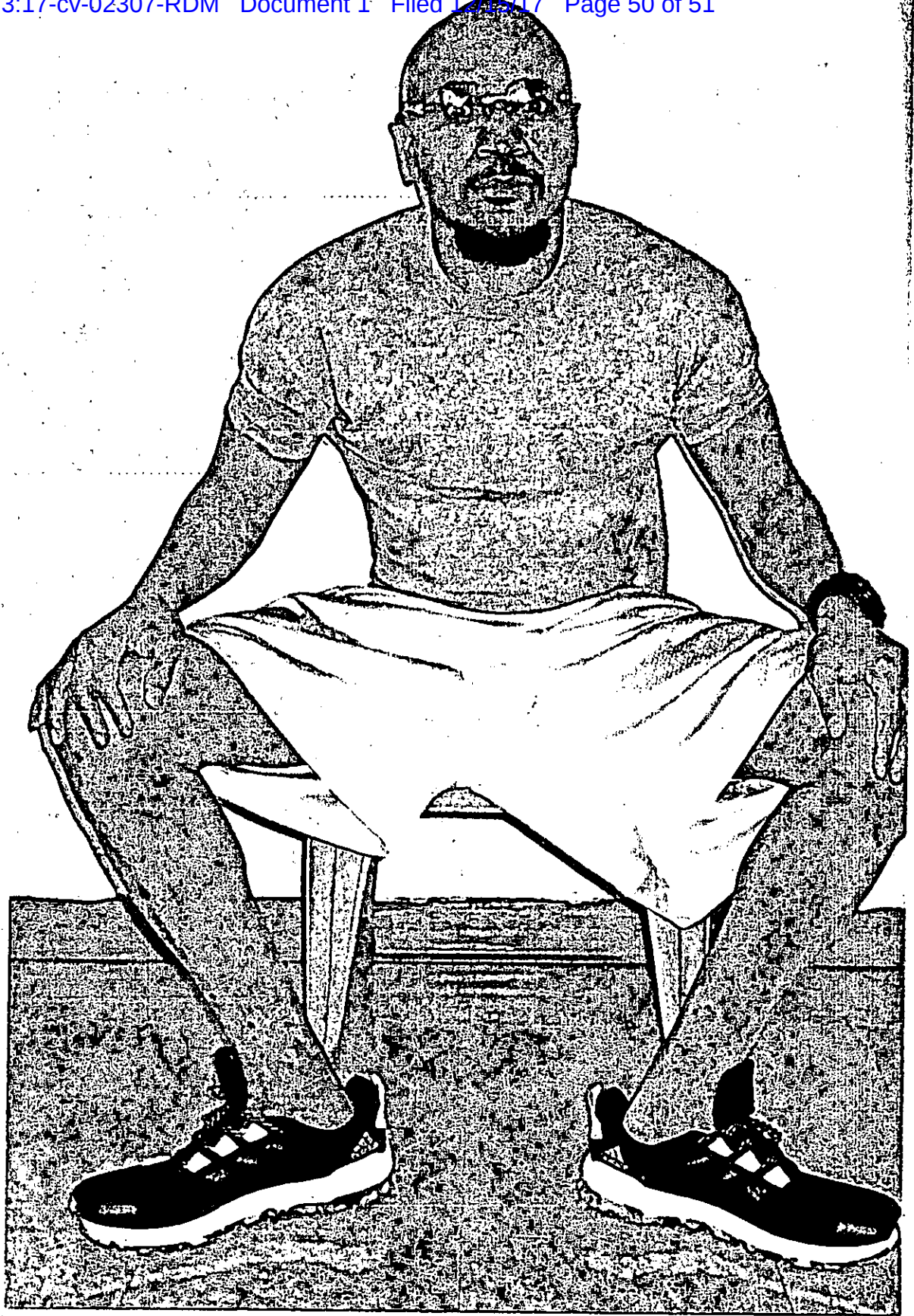
Inmate Name: ALSOP, CHRISTOPHER
Date of Birth: 02/21/1968
Scanned Date: 11/14/2017 12:13 EST

Sex: M

Reg #: 03078-061
Race: BLACK
Facility: ALF

Reviewed by Leonard, Daniel MD on 11/14/2017 17:46.





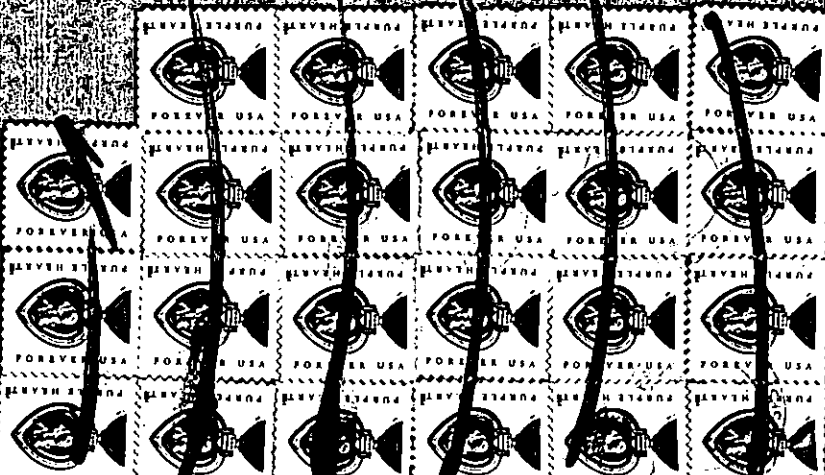
Christophe H. 209 403078-061
Federal Bureau of Investigation
PO Box 1000
Windsor, DE 19087



Low Security Correctional Institution
Allenwood, PA 17887

Date: 12-03-17

The enclosed letter was processed through special mailing procedures for forwarding to you. The letter has neither been opened nor inspected. If the writer raises a question or problem over which this facility has jurisdiction, you may wish to return the material. Further information or clarification. If the writer encloses correspondence for forwarding to another address, please return the enclosure to the above address.



LEGAL MAIL

03078-061
Clerk Of Court
235 N Washington Ave
Scranton, PA 18501
United States

RECEIVED
SCRANTON
DEC 15 2017
PER DEPUTY CLERK

